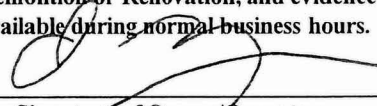
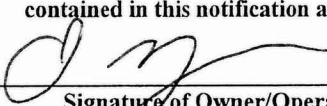


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Operator Project # NY16-093-00		Postmark		Date Received	Notification #		
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: Addis Building Address: 449 South Salina Street City: Syracuse State: NY Zip Code: 13202 County: Onondaga Site Location : 449 South Salina Street Syracuse, NY 13202 Building Size (square feet): 45,000 # of Floors: 5 Age in Years: 86 Present Use: Vacant Prior Use: Clothing Store							
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: BBL Construction Services Address: 52 Corporate Circle City: Albany State: NY Zip Code: 12203 Contact: Joe Deforest Telephone: (518) 452-8200 Fax: Removal Contractor Name: Environmental Remediation Services, Inc. Address: 5857 Fisher Road City: East Syracuse State: NY Zip Code: 13057 Contact: Tim Niedzwiecki Telephone: (315) 433-9045 Fax: (315) 433-9047 Other Operator (demolition/general): Address: City: State: Zip Code: Contact: Telephone: () Fax:							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: <p style="text-align: center;">PCM Air sampling analysis</p>							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)		1800					
Surface Area (square feet)	32,000	13,684					
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation: Start: 10/03/16 Complete: 03/03/17							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: 10/03/16 Complete: 03/03/17							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-3:30	7-3:30	7-3:30	7-3:30	7-3:30	7-3:30	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s: <div style="text-align: center; padding: 10px;">ASBESTOS ABATEMENT</div>		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: <div style="text-align: center; padding: 10px;">Wet removal methods inside contained areas.</div>		
XII.	Waste Transporter #1 Name: <u>Environmental Remediation Services, Inc.</u> Address: <u>5857 Fisher Road</u> City: <u>East Syracuse</u> State: <u>NY</u> Zip Code: <u>13057</u> Contact: <u>Tim Niedzwiecki</u> Telephone: <u>(315)433-9045</u> Waste Transporter #2 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal Name: <u>High Acres Landfill</u> Address: <u>425 Perinton Pkwy</u> City: <u>Fairport</u> State: <u>NY</u> Zip Code: <u>14450</u> Contact: _____ Telephone: <u>(585) 223-6132</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. <div style="text-align: center; padding: 10px;">Asbestos is being abated.</div>		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>9-21-16</u> _____ Date </div> <div style="text-align: center;"> <u>Tim Niedzwiecki / President</u> _____ Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>9-21-16</u> _____ Date </div> <div style="text-align: center;"> <u>Tim Niedzwiecki/President</u> _____ Type or Print Name and Title </div> </div>		